

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3703

-62-027086

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

FILED JUL 30 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (if outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

34 yrs

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

3611 East 23rd St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(if outside, give location)

3611 East 23rd St.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

ADDIE

Middle

MARY

Last

GAINER

## 4. DATE OF DEATH

Month

7

Day

15

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

Widowed ☒

## 8. DATE OF BIRTH

12-29-1878

## 9. AGE (last birthday)

83

## 10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 11. IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and state or country)

Downs, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

William Bailey

## 13b. MOTHER'S MAIDEN NAME

Sarah Ann SAUCERMAN

## 14. NAME OF HUSBAND OR WIFE

CLARENCE G. GAINER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS. ROSALYN SHORT (DAU.) 2 d.

Address

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic nephritis + uremia

months

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/25/62 to 7/15/62

and last saw her alive on 7/11/62

Death occurred at 9:00

p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Walter H. Miller M.D.

22b. ADDRESS

362 E. Independence Ave

22c. DATE SIGNED

7/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7-18-62

23c. NAME OF CEMETERY OR CREMATORY

Quindaro Cemetery

23d. LOCATION (City, town, or county)

Kansas City

(State)

Kansas

24. FUNERAL DIRECTOR

WERNER MORTUARY

ADDRESS

25. DATE RECD. BY LOCAL REG.

K.C.K.

7-16-62

26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

Walter H. Miller

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Donald F. Warner

Licensed Embalmer No. 5007

P. O. Address Kansas City, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.